CGHS approved hospitals in Madhya Pradesh and Orissa

†2079. MISS ANUSUIYA U1KEY:
SHRI RUDRA NARAYAN PANY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of private hospitals authorized for treatment of the Central Government employees. under Central Government Health Scheme in Madhya Pradesh and Orissa;

(b) the rates fixed by the administration for treatment of different diseases for admission and treatment in these hospitals;

(c) whether these rates are equal to the prevalent rates of market; and

(d) on what basis the specified rates are fixed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The list of private hospitals authorized for treatment of central Government employees under Central Government Health Scheme and rate lists for various procedures/tests etc. are voluminous documents which can be accessed in the website of CGHS *www. mohfw. nic. in/cghs.htm.*

(c) and (d) Rates for various procedures were arrived at on the basis of rates quoted by private hospitals/diagnostic centres in response to tender notice issued in March-April, 2004. Fresh empanelment of private hospitals and diagnostic centres under CGHS was taken up to have competitive rates for various procedures and services, as also directed by the High Court of Delhi in CWP No.4754 of 1996 in Shri T.S. Oberoi *versus* union of India.

Blindness in children

†2080. MISS ANUSUIYA UIKEY:
SHRI RUDRA NARAYAN PANY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the number of children aged between 0-5 suffering from blindness for the last five years, year-wise;

(b) the number out of those who could be cured of blindness, State-wise;

(c) the reasons for blindness; and

(d) the efforts being made by Government to check blindness?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per the available information from the blind schools and refractive error studies in India, it is estimated that there are 3.5 lakh blind children due to visual impairment in the age group of 0-15 years. This pool of blind children is constant over the last five years.

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†Original notice of the question was received in Hindi.

(b) Childhood blindness has a high rate of prevalence in the country (0.8/1000) with certain regional variations (Andhra Pradesh: 0.61/1000, West Bengal: 0.51/1000 and Delhi: 1/1000). 40% of childhood blindness is preventable and treatable.

(c) The main reasons for blindness among children are:-

- Vitamin-A Deficiency
- Measles
- Ophthalmia Neonatorum
- Retinopathy of Pre-maturity
- Cataract
- Glaucoma
- Injuries

(d) The efforts being made under National Programme for Control of Blindness to check blindness among children are as under:-

- Setting up of Paediatric Ophthalmology Units in Medical Colleges/ Regional Institutes of Ophthalmology/ State level Eye Hospitals in NGO and Private Sector
- Setting up of Vision Centres in the periphery »

Training of doctors and paramedics

- School Eye -Screening and provision of spectacles for poor children
- Non-recurring and recurring Grant-in-aid to Eye Banks and Eye Donation Centres
- Development of training and IEC material for awareness about childhood blindness
- Regular monitoring and evaluation.

CGHS dispensaries for pensioners in the State capitals

2081. SHRI KANJ1BHAI PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the policy of Government for setting of CGHS dispensaries in the capitals of States for serving/retired Government officers/employees;

(b) whether any proposal for setting up a CGHS dispensary at Gandhinagar, Gujarat is under consideration of Government;

(c) whether it is also a fact that capitals of States are having CGHS dispensaries except Gandhinagar, the capital of Gujarat; and

(d) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) For setting up of CGHS in a city, number of likely beneficiaries is the guiding factor. However, due to